IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re F	Patent Application of)
Raine	r KOLMONEN et al.) Group Art Unit:
Applic	ation No.:	Examiner:
Filed:	July 13, 2006	Confirmation No.:
For:	AUXILIARY CONTACT CONFIGURATION FOR SWITCHING DEVICE))

FIRST INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, the accompanying information is being submitted in accordance with 37 C.F.R. §§ 1.97 and 1.98.

To assist the Examiner, the documents are listed on the attached form PTO-1449. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date <u>July 13, 2006</u>

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AP20 Rec'd PCT/PTO 13 JUL 2006

ation Number / 585926 Substitute for form 1449A/PTO & 1449B/PTO

FIRST INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Application Number July 13, 2006 Filing Date Rainer KOLMONEN et al. First Named Inventor **Examiner Name** 34456-0000<u>43</u>

(use as many sheets as necessary)

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Sheet	1	of	1	Attorney Docket Number	103	

U.S. PATENT DOCUMENTS						
Examiner Initials	Document Number	Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Issue/Publication Date (MM-DD-YYYY)		
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	NON-PATENT LITERATURE DOCUMENTS						
Examiner	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.						
Initials	serial, symposium, catalog, etc.), date, page(3), volume 1330						
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*Copy Attached

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Signature	//Vidilita Isitifian/	Considered M.D.E.	O S 600 Draw line through citation if not in
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant. Form Letters I